

File

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
01-006

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
04-1-01

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY \$
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, pages 1, 2, 2a, 3 and 7.

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Supplement 1 to Attachment 2.6-A, pages 1, 2, 2a, 3 and 7

10. SUBJECT OF AMENDMENT: Income Limits.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Rita M. Pacheco

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
June 15, 2001

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Robert Augeri

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 29, 2001

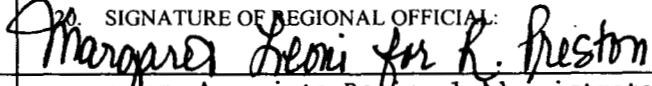
18. DATE APPROVED: July 17, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Ronald Preston

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
<u>Region A</u>			
1	\$552.00	\$402.00	\$402.00
2	704.00	513.00	513.00
3	872.00	636.00	636.00
4	1016.00	741.00	741.00
5	1145.00	835.00	835.00
<u>Region B</u>			
1	\$457.00	\$333.00	\$333.00
2	607.00	443.00	443.00
3	745.00	543.00	543.00
4	876.00	639.00	639.00
5	1002.00	731.00	731.00
<u>Region C</u>			
1	\$457.00	\$333.00	\$333.00
2	607.00	443.00	443.00
3	735.00	536.00	536.00
4	853.00	622.00	622.00
5	971.00	708.00	708.00

(The State pays 73% of the standard of need to a family with no income)

2. Pregnant Women and Infants under Section 1902 (a) (10) (A) (i) (IV) of the Act: Effective April 1, 2001, based on the following percent of the official Federal income poverty level –

☐ 133 percent



185 percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
1	\$ 1325.00
2	\$ 1790.00
3	\$ 2256.00
4	\$ 2722.00
5	\$ 3187.00

TN No. 01-006
Supersedes
TN No. 00-002

Approval Date 7/19/01

Effective Date 4-1-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (continued)

3. Children under Section 1902 (a) (10) (A) (i) (VI) of the Act who have attained age 1 but have not attained age 6:

Effective April 1, 2001, based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
1	\$953.00
2	\$1287.00
3	\$1622.00
4	\$1957.00
5	\$2291.00

TN No. 01-006

Approval Date: 7/17/01

Effective Date: 4-1-01

Supersedes

TN No. 00-002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

4. Children under Section 1902 (a) (10) (A) (i) (VII) of the Act (children who were born after December 31, 1978 and have attained age 6 but have not attained age 19):

Effective April 1, 2001, based on 100 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
1	\$ 716.00
2	\$ 968.00
3	\$ 1220.00
4	\$ 1471.00
5	\$ 1723.00

TN No. 01-006

Approval Date: 7/19/01

Effective Date: 4-1-01

Supersedes

TN No. 00-002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL.

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of Sections 1902 (a) (10) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
1	\$ 1325.00
2	\$ 1790.00
3	\$ 2256.00
4	\$ 2722.00
5	\$ 3187.00

TN No. 01-006

Approval Date: 7/19/01

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